

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL

P.O. BOX 1416
ABINGDON, VA 24210
(276) 676 5423

NOTIFICATION OF CHEMICAL CLEANING OF A GEOTHERMAL WELL

WELL IDENTIFICATION NUMBER: _____

WELL TYPE: PRODUCTION _____/ INJECTION _____/

CHEMICAL TYPE: _____

CHEMICAL AMOUNT: _____

DATE: _____

WELL OPERATOR _____

ADDRESS _____

TELEPHONE _____

DESIGNATED AGENT _____

ADDRESS _____

The chemical and the amount specified by this application is hereby (____ denied, _____ granted) for utilization in the above referenced well.

Signed this _____ day of _____, 20 _____.

Virginia Oil and Gas Inspector